

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/583221

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1			1		
7		1		1		
8		1	0	0		
9		1	0	0		
10		1	0	0		
11		1	0	0		
12	1		0	0		
13		1	0	0		
14		1	0	0		
15		1	0	0		
16	1			1		
17		1		1		
18	1		1			
19		1		1		
20	1		1			
21		1	0	0		
22		1	0	0		
23		1	0	0		
24		1	0	0		
25		1	0	0		
26		1	0	0		
27		1	0	0		
28	1		1			
29		1		1		
30	1		0	0		
31		1	0	0		
32		1	0	0		
33		1	0	0		
34		1	0	0		
35		1	0	0		
36		1	0	0		
37		1	0	0		
38	1		0	0		
39		1	0	0		
40		1		1		
41		1	0	0		
42		1	0	0		
43	1		0	0		
44		1	0	0		
45		1	0	0		
46		1	0	0		
47	1		0	0		
48		1	0	0		
49		1	0	0		
50		1	0	0		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	0	0		
52		1	0	0		
53		1	0	0		
54		1	0	0		
55		1	0	0		
56		1	0	0		
57		1	0	0		
58		1	0	0		
59	1		0	0		
60		1	0	0		
61		1	0	0		
62	1		0	0		
63		1	0	0		
64		1	0	0		
65		1	0	0		
66		1	0	0		
67	1		0	0		
68		1	0	0		
69		1	0	0		
70		1	0	0		
71		1	0	0		
72		1	0	0		
73		1	0	0		
74		1	0	0		
75				1		
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			16			